


| | | |
|--|------------------------|------------------------|
| CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450 | Application Number | 09/749,842 |
| | Filing Date | 12/27/2000 |
| | First Named Inventor | Samuel H. Christie, IV |
| | Group Art Unit | 3628 |
| | Examiner Name | Poinvil, Frantzy |
| | Attorney Docket Number | 7000-416 |

Please change the Correspondence Address for the above-identified application to:

☒ Customer Number 27820  Place Customer
Number Bar Code
Label here

Type Customer Number here

OR

☐ Firm or
Individual Name

Address

Address

City State ZIP

Country

Telephone Fax

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

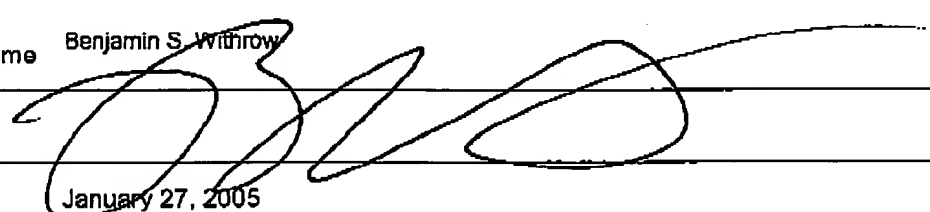
☐ Applicant.

☐ Assignee of record of the entire interest.
Certificate under 37 CFR 3.73(b) is enclosed.

☒ Attorney or agent of record, Reg. No. 40,876.

☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number

Typed or
Printed Name Benjamin S. Withrow

Signature 

Date January 27, 2005

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of ___ forms are submitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, USPTO, PO Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450